

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5						
6						
7						
8						
9	1					
10		1				
11	1					
12						
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47						
48						
49						
50						
TOTAL IND.			↓		↓	
TOTAL DEP.			←	↓	←	↓
TOTAL CLAIMS			↓		↓	

	*	*	*	*
	IND.	DEP.	IND.	DEP.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
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95				
96				
97				
98				
99				
100				
TOTAL IND.		↓		↓
TOTAL DEP.		←	↓	←
TOTAL CLAIMS		↓		↓

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS